MEAL BENEFIT FORM FOR CHILDREN PROGRAM YEAR _____

Name of Child Care Center:				
Please read the instructions. If you need help completing the	his form call:			
Complete, sign, and return form to:				
CHILD INFORMATION List names of all children enrolled for care		Check the box if the child is a foster child (the legal responsibility of a welfare agency or court).		
Last First	M.I.	If all children are foster children, go to number (#) 4 and sign this form.		
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2. BENEFITS If you are receiving CalFresh, CalWORKs, or Food Distribution Program on Indian Reservations (FDPIR) benefits for your child, list the case number and do not complete #3. Go to #4.				
CalFresh Case #:				
CalWorks Case #:				
FDPIR Case #:				

3. ALL HOUSEHOLD MEMBERS

Complete this section if you did not complete #2. List all household. Go to #4.

NAMES	GROSS INCOME and how often it was received (e.g. weekly, every two weeks, twice a month, monthly, or annually)				
NAMES OF ALL HOUSEHOLD MEMBERS (INCLUDE THE CHILDREN LISTED ABOVE)	EARNINGS FROM WORK BEFORE DEDUCTIONS	CHILD SUPPORT, ALIMONY	PAYMENTS FROM PENSIONS, RETIREMENT, SOCIAL SECURITY	EARNINGS FROM ANY OTHER INCOME	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	